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A Symbiotic Relationship: Socio-economic Conditions, Cultural Values, and HIV/AIDS In the South African Mining Industry

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Advisor Professor Samuel Nelson A sense of hope pulsed through the nation of South Africa as it emerged from the Apartheid era. The year was 1994, and the South African people, both black and white, had just democratically elected a new leader to guide their country's future. As Nelson Mandela recited the words of the presidential oath, his gravelly voice crumbled three hundred and forty years of subjugation and colonialism. The time had arrived for the country to break from its turbulent past and become a prospering nation of independent people. A repressed population had finally gained independence, and many soon dreamed of a grandiose future for their country. Unfortunately, an unprecedented epidemic is currently sweeping through South Africa, placing these plans of future prosperity in jeopardy.

The HIV/AIDS epidemic is taking an incredible toll on the inhabitants of this nation and putting into question the future stability of sub-Saharan Africa. International relief organizations conservatively report the rates of HIV infection in South Africa at twenty percent, and studies consistently show that these rates are increasing with each passing year.² For example, in some provinces of South Africa, estimated infection rates doubled between 1996 and 1998.³ Over 4.2 million South Africans are projected to be living with HIV, making South Africa the country with the largest number of infected inhabitants in the world.⁴ Epidemiologists predict that a majority of those infected with the virus will die within the next

¹Leonard Thompson, A History of South Africa, (New York: Vail-Ballou, 1995), 354.

²Joint United Nations Programme on HIV/AIDS, *Epidemic Update*, *June 2000* [database online]; obtained from www.unaids.org. Collecting accurate data regarding HIV infection in parts of South Africa remains a challenge due to lack of appropriate testing facilities. All recently collected information, however, indicates that most HIV rates in South Africa are normally underestimated.

³Republic of South Africa. Department of Health. *Summary of Report of the Ninth National HIV Survey of Women Attending Antenatal Clinics* (October/November 1998).

⁴Joint United Nations Programme on HIV/AIDS, *Epidemic Update*, *June 2000* [database online]; obtained from www.unaids.org.

ten years, only adding to the ten million AIDS orphans already existing on the African continent.⁵ The magnitude of the HIV epidemic in South Africa is not only found in the physical loss of life of those infected, but also in the incredible loss to the economic prosperity, social stability, and cultural vitality of a country which seems destined to lose its very future to the virus.

To deal with the disease and its devastating repercussions, South Africa initiated programs as early as 1985 to limit further infection. These programs focused on providing South Africans with information regarding the HIV virus and the manners in which the virus spreads from person to person.⁶ AIDS Awareness Programs have been implemented in schools, communities, and workplaces, while radio and television programs have disseminated information regarding HIV/AIDS to the public at large.⁷ But while statistics show that awareness of HIV and its modes of transmission have increased within the South African population, behaviors remain largely unchanged.⁸ Portions of the South African population continue to partake in the behaviors that put them at significant risk of contracting the HIV virus.

What explains this gap between knowledge and behavior? How can one attain a factual understanding of this disease, yet still engage in the behaviors that are proven to

⁵Carol Ezzell, "Care for a Dying Continent," *Scientific American* (May 2000): 96.

⁶Y. Sadie, M. van Aardt, and A. von Below, *AIDS in Africa and its Impact on the South African Mining Industry* (Michigan: Western Michigan University Press, 1993), 4.

⁷Cecil Macheke and Catherine Campbell, "Perceptions of HIV/AIDS on a Johannesburg Gold Mine," *South African Journal of Psychology* 28, no. 3 (September 1998): 147.

⁸Catherine Campbell and Brian Williams, "Beyond the Biomedical and Behavioural: Towards an Integrated Approach to HIV Prevention in the Southern African Mining Industry," *Social Science and Medicine* 48 (1999): 1629.

contribute to the virus' proliferation? Socio-economic conditions certainly play a large role. Poverty, labor migration, and unemployment produce conditions that have encouraged behaviors that put people at risk. Equally important are cultural values, including definitions of gender and conceptions of illness and disease, which fundamentally affect an individual's behaviors and attitudes. While these specific socio-economic conditions and cultural values have individually impeded disease prevention efforts, their true impact is only evident when they are examined in combination.

In modern South Africa, socio-economic conditions and behaviors combine in a symbiotic relationship that creates a formidable obstacle to altering the behaviors that put individuals at risk. The importance of one of these factors is magnified by the existence of the other, substantially complicating any attempts at changing the behaviors that spawn from this existing symbiotic relationship.

This paper will test this hypothesis by examining the relationships between the social and cultural factors that put South Africans at risk for HIV. It will focus on the behaviors and beliefs of male miners and female commercial sex workers who exist in the South African mining community, which has one of the highest rates of infection in the Republic of South Africa. The behaviors that contribute to the prolific spread of this virus in the Southern African gold mining communities are evident as mine workers commonly engage in unprotected extramarital sex with commercial sex workers. This paper will show how the

⁹In the context of this paper, references to 'the mining community' will include both the mineworkers and the commercial sex workers who live close proximity to the miners and interact with the miners on a frequent basis.

¹⁰The term 'commercial sex workers' is utilized in this paper in reference to women who sell sex. Women frequently come in and out of the sex selling industry in Africa, therefore resisting the preconceptions that other labels might signify.

disintegration of family life engendered by migrant labor patterns, together with cultural notions regarding gender definitions and illness, have combined to create an obstacle that has inhibited behavioral change in the mining community. It concludes that if AIDS prevention programs are to be effective in altering established behaviors, they must take into account the previously neglected symbiotic relationship between these socio-economic and cultural forces.

The South African mining community exists as an ideal micro study for this project, as the HIV epidemic has ravaged the mining community, with infection rates commonly reported at twenty-five percent. As a consequence, much epidemiological research has been conducted on the miners, including surveys on their knowledge, attitudes, and behaviors regarding HIV/AIDS. This data allows the researcher to study the symbiotic relationship between certain preexisting socio-economic conditions and cultural beliefs at the grass-roots level, providing a perspective that may provide more credible results than a nation-wide study.

From the Beginning: The Establishment and Continuation of Socio-economic Conditions and Cultural Values in the South African Mining Community

The various socio-economic conditions and cultural beliefs that sculpt the miners' perceptions of their existence, and thus dictate their behavior, have evolved in the context of the South African mining industry. The roots of the South African mining industry date back to the 1860s, when diamonds were discovered at Kimberley, which soon became known as "the diamond city." Twenty years later, the world's richest deposit of gold was discovered at

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¹¹Macheke and Campbell, 150.

the Witwatersrand, and the South African economy was forever transformed. The mining industry quickly grew to immense proportions, engulfing the nation's economy and people. Mining accounted for more than fifty percent of the South African gross domestic product for most of the twentieth century. Recent numbers indicate that the mining industry currently employs over 300,000 individuals, demonstrating the continued importance of this industry in the South African labor market. The mineral exports of South African currently account for sixty-five percent of the country's total global exports.

The great profits produced by the export of minerals have not been equally shared, however. Discrimination in the South African mining community existed from the industry's inception. Non-native individuals, such as Alfred Beit and Cecil Rhodes, capitalized on the mineral wealth of South Africa, setting the stage for the European economic and political dominance that has characterized the nation's past. For the indigenous African, possibilities of independent financial success simply did not exist. As early as the 1870s, all-white diggers committees in Kimberly passed laws discriminating against the black miners, calling for fifty lashes if a black was found in possession of a diamond that they could not account for. The British government followed suit, barring native Africans from owning diamond claims or trading in diamonds. The African laborers were not, however, excluded from the heavy and dangerous manual labor of digging for the white mine owners. During the 1870s African mineworkers were also required to live in all-male compounds, known as hostels, which were

¹²Campbell and Williams, "Beyond the Biomedical and Behavioral," 1626.

¹³Catherine Campbell, "Selling Sex in the Time of AIDS: The Psycho-social Context of Condom Use by Sex Workers on a Southern African Mine," *Social Science and Medicine* 50, no. 4 (Feb 2000): 479.

¹⁴Campbell and Williams, "Beyond the Biomedical and Behavioral," 1633.

¹⁵Thompson, 118.

part of the mine compound. Annual mortality rates in these hostels reached eight percent during the 1870s, creating a grim living environment for the existence of the indigenous miner, even while the European mine owners benefited from the Africans' hardships.¹⁶

In short, the entire mining industry was designed to achieve profit maximization, with little consideration for the personal safety or comfort of the indigenous African miner. The establishment of the mining industry required inordinately large enclaves of native populations for labor use due to the amount of manual labor necessary to engage in this industry. For their labors, the Africans were paid relatively unimpressive wages. However, the laws and legislation of the late nineteenth and early twentieth century artificially created this supply of inexpensive migratory labor for use by the mining industry. Legislature ranging from the Pass Law of 1895 to the Natives Act of 1918 relegated the indigenous black population to native reserves, far from most employment opportunities. Because they were forced to settle on the overcrowded native reserves, where little opportunity existed for male employment, there was virtually no choice for many of the men except to engage in migratory labor, such as mine work, to support their families back at the reserves. The wages paid by the mining industry attracted workers from not only throughout South Africa, but also from throughout southern Africa, establishing routes of migration which still exist to this date.

¹⁶T. Dunbar Moodie, *Going for Gold: Men, Mines, and Migrancy*, (Berkeley, University of California Press), 167.

¹⁷C.W. Hunt, "Migrant Labor and Sexually-Transmitted Disease," *Journal of Health and Social Behavior* 30, no. 4 (Dec. 1989): 365.

¹⁸Thompson, 169.

¹⁹Brian Williams and Catherine Campbell, "Creating Alliances for Disease Management in Industrial Settings: A Case Study of HIV/AIDS in Workers in South African Gold Mines," *International Journal of Occupational and Environmental Health* 4, no. 4 (Oct-Dec 1998): 261.

Mine work was a choice made by the men of the reserves, but more out of coercion then incentives. Migration led to the disruption of traditional familial and sexual relationships, as men were forced to leave the reserves, and their families, often traveling hundreds of miles to gain employment in the mining industry.²⁰

More than a century later, the living conditions of the average African gold miner have shown little improvement. The mining industry still extensively utilizes migratory labor. As recently as 1993, there were 467,224 migrant laborers employed as Chamber of Mines members.²¹ In the Carltonville gold mine, which is home to 88,000 mine workers, over sixty percent of the workers are from other parts of South Africa.²² The continuation of this migratory labor has been ensured by the use of contractual labor, where a miner signs either a six-month or a one-year employment contract. This contract ensures that the miner will spend a large majority of his time at the mines, far from his family.²³

Today the average South African mineworker who lives in this scenario is a young man, just over thirty-two years old.²⁴ He has almost certainly spent less than six years in

²⁰Karen Jochelson, Monyaola Mothibeli, and Jean-Patrick Leger, "Human Immunodeficieny Virus And Migrant Labor in South Africa," *International Journal of Health Services* 21, no.1 (1991): 158.

²¹Sadie, van Aardt, and von Below, 2.

²²S. Moema, "An Intervention Trial in South Africa's Gold Mining Industry," *International Conference on AIDS 1998*; 12:695. Online. National Library of Medicine. AIDSLINE. Abstract No. 33536. 30 March 2000.

²³Jochelson, Mothibeli, and Leger, 165.

²⁴C.B. Ijsselmuiden and others, "Knowledge, Beliefs and Practices Among Black Goldminers Relating to the Transmission of Human Immundodeficiency Virus and other Sexually Transmitted Diseases," *South African Medical Journal* 78, no. 9 (Nov. 3 1990). Also Catherine Campbell and Brian Williams, "Beyond the Biomedical and Behavioral: Towards an Integrated Approach to HIV Prevention in the Southern African Mining Industry," *Social Science and Medicine* 48 (1999). This is a constructed composite profile of a common miner and his daily routine, experiences, and feelings.

coordinated schooling, and it is even likely that he never attended any form of formal educational. The miner has probably been employed in the mining industry for ten years, and has now become locked in the cycle of migratory labor.²⁵ He is also most likely married, as are seventy-five percent of his co-workers, although the contracts which he signs bi-annually greatly restrict the amount of time he can spend at home. His wife lives hundreds of miles away, still on the labor reserves which now exist as a relic of Apartheid.

While at the mine, where he serves out his contract, the miner stays in the hostels that are provided for him by his employers. This is not uncommon, as over ninety-five percent of his coworkers also live in these single-sex hostels. ²⁶ Unfortunately, the conditions in the hostels do little to relieve the anxiety he feels over his separation from his family and the dangerous conditions that he encounters everyday upon entering the mines. The miner lives in an overcrowded, cement room with sixteen other men like himself, each with their own worries and apprehensions. Every month he sends a large portion of his meager paycheck home to his family, and he can only hope that it is being spent wisely and that his children are well cared for.

The miner works long hours underground, and potential forms of relaxation are quite limited. Sometimes, at the end of his twelve hours shift, he will go to the compound bar, which exists just outside of the gates of the mine. It is a simple hut, always open, which

²⁵C.B. Ijsselmuiden and others, "Knowledge, Beliefs and Practices Among Black Goldminers Relating to the Transmission of Human Immundodeficiency Virus and other Sexually Transmitted Diseases," *South African Medical Journal* 78, no. 9 (Nov. 3 1990): 521.

²⁶Roets Lurie, C. Mini and ML Field, "Health-Seeking Behaviors for Sexually Transmitted Disease and the Social Context of Commercial Sex in a Gold Mining Community: A Case Study of Welkom, South Africa," *International Conference on AIDS 1996*, July 7-12; 11(2): 368. Online. National Library of Medicine. AIDSLINE. Abstract No. Th.C.4745 (30 March 2000).

constant blares music, and radiates with a vibrancy witnessed nowhere else in the mining community. The bar serves strong sorghum beer in large pitchers to the exhausted miners, who methodically drink the mixture in attempts to flee their troubles. While sitting on his stool at the bar, the miner will likely encounter the only women he will see during his employment at the mines. These women will be the mining community's commercial sex workers.

Despite the fall of Apartheid rule has fallen, the average South African miner has seen little improvement in the conditions that surround him at the mines. Although the African people may wish to make labor reforms, these have not been forthcoming because of two main factors. First, following the fall of white minority rule in 1994, many private mining companies have been reluctant to invest further funds into a political situation which they deem unstable. While these companies continue to receive the revenues from the mining operations in South Africa, they have taken a 'wait and see' attitude regarding future industrial development in the country. Without this commercial funding to improve the miserable living condition encountered at the mines, little alternative remains for change. Secondly, in the resource-deprived post-Apartheid government of modern South Africa, little government funding exists which can be used to enact the improvements that the new government had promised to its population in 1994. Without financial backing from either of these major outlets, altering the unsatisfactory socio-economic conditions, which still exist in the African mining community as a relic of the industry's discriminatory past, has proved difficult. Additionally, the average African miner certainly does not possess the funds to relocate his family or purchase outside housing on the meager salary paid by the mining

industry. Thus the existence of migratory labor in the mining industries has outlasted Apartheid, and shows no sign of subsiding.

Health conditions have also shown little sign of improvement. The South African miners are still suffering from high rates of sexually transmitted diseases, a condition that dates back several decades. One study found that by 1930 gonorrhea and syphilis were rampant in parts of South Africa, including the mining industry. ²⁷ Rates remain high: more than twenty-five percent of miners interviewed disclosed they had contracted an STD while at the mines. Miners also have among the highest rates of HIV infection in South Africa, estimated near thirty percent. Most cases of HIV are the result of heterosexual relationships; only four percent of the HIV cases in South Africa are projected to have resulted from homosexual activity, and the spread of the disease from intravenous drug use has been negligible. ²⁸ ²⁹ Unlike the situation in the US, the virus infects as many women as men in South Africa, and the hardest hit group tends to be young African women in their early twenties. ³⁰ These factors all indicate the spread of the HIV virus though heterosexual contact, both in South Africa, and, more specifically, among the laborers of the South African mining community.

²⁷Jochelson, Mothibeli, and Leger, 159.

²⁸Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases: UNAIDS/WHO (June 1998). Online. United Nations AIDS. Available: http://www.unaids.org. 23 February 2000.

²⁹Jochelson, Mothibeli, and Leger, 163.

³⁰AIDS Epidemic Update- December 1998: UNAIDS/WHO (1998). Online. United Nations AIDS. Available: http://www.unaids.org. 23 February 2000.

Miners and Commercial Sex Workers: Established Relationships of Multiple Sex Partners in the South African Mining Community

The high rate of HIV in miners is directly related to their relationships with commercial sex workers, who in turn possess extremely high rates of HIV.³¹ Evidence of the utilization of the commercial sex workers by the miners exists in the anecdotal stories told by the miners, statements made by the commercial sex workers themselves, and statistics gathered in the mining communities. As one miner related, "Most of the miners…use the services offered by the sex workers."³² A commercial sex worker in the mining community lamented, "It is a difficult job because it makes us into scraps. We grow old, we get diseases, too many diseases…in this industry many young women are dying."³³ According to surveys, commercial sex workers averaged between two and eighteen sexual encounters a week with the miners.³⁴ These pieces of evidence, commonly repeated throughout the South African mining community, illustrate the prevalence of sexual interactions between commercial sex workers and miners in the mining community.

The socio-economic conditions that exist in the South African mining community that contribute to the utilization of the commercial sex workers by the miners include distance from their loved ones, the miners' mandatory existence in the hostels, and the ultimate

³¹Campbell, "Selling Sex in the Time of AIDS, 479. A previous study conducted in this same mining colony found that sixty-nine percent of the commercial sex workers tested positive for the HIV virus.

³²Macheke and Campbell, 150.

³³Campbell, "Selling Sex in the Time of AIDS," 491.

³⁴Ibid., 483.

accessibility of the sex workers to the miners. Certain socio-economic conditions also place the commercial sex workers in their precarious position, as poverty often necessitates that the women engage in their business to provide for their families. Cultural conceptions of gender relations coexist alongside these socio-economic conditions. Men have traditionally had more sexual freedom, which allows the miners to frequent multiple sex partners with little fear of retribution from their peers or spouses.

The necessity of separation from their families, due to the migratory nature of their employment, leaves a majority of miners without support from their spouse. One miner bemoaned that "there is no one who can help me here and it is quite impossible for me to know all my needs. If I was nearer to my wife, she would take care of me, look after me." This lack of female influence in the miners' lives may lead to them frequenting the commercial sex workers as the only available antidote to a life of masculine loneliness. One miner explained, "After washing my work clothes I go out of the hostel because it's lonely there and there is nothing to while away this loneliness. I go to the *likotaseng* (domestic worker quarters) to look for women." The austere environment that surrounds the miners in their workplace reinforces the miners' desires for a release from their lonely, masculine existence.

The conditions in which the miners live not only increase these feelings of loneliness amongst the miners but also undermine their self-worth. The workers reside in hostels, or dormitories, for their entire time at the mines. These living conditions are single-sex, and

³⁵Catherine Campbell, "Migrancy, Masculine Identities and AIDS: The Pyschosocial Context of HIV Transmission on the South African Gold Mines," *Social Science and Medicine* 45, no. 2 (July 1997): 279.

³⁶Jochelson, Mothibeli, and Lager, 164.

often serve to alienate the worker. As one worker commented, "It is lousy in the hostel. We are locked in like cattle in a cattlepost."³⁷ The men sleep twelve to sixteen persons per room, and have little recreation or leisure time that is not spent in the hostel.³⁸ One miner commented that:

The way we are treated here is not nice. No one cares, no one gives a damn about you. You are treated like a goat, a cow in a kraal, you are left there in the hostels at night and then let out in the morning to go to the fields to work.³⁹

These living conditions thus serve to make the miners feel worthless and alone from outside influence, reinforcing the preexisting emotions of loneliness in the miners' lives. These factors combine to result in the behavior of miners turning to women, normally available only in the form of commercial sex workers, for solace and comfort.

The miners' other alternative for release from their lonely existence and demeaning hostel environment is to engage in drinking at the compound bar. This excursion often also serves as a catalyst for sexual relations between miners and commercial sex workers.

Traditional anecdotes told by the miners reveal that many miners go to commercial sex workers only after they have been drinking. As one miner said, "I used to consume lots of liquor and thereafter pursue women...I was under my friend's influence. On pay day, they would organize for a spree of drinking and womanizing." The only two options of relaxation and comfort for the miners are constantly referred to as drinking or engaging in

³⁸Ibid., 163.

³⁷Ibid., 163.

³⁹Macheke and Campbell, 150.

⁴⁰Ibid., 151.

⁴¹Ibid., 151.

commerce with commercial sex workers. These two activities tend to be mutually reinforcing, and both are spurred by the miners' feelings of loneliness and worthlessness.

The ability of men to utilize commercial sex workers is made possible by the prevalence and accessibility of these women in the South African mining community. Many commercial sex workers, like miners, are forced into their occupation due to socio-economic conditions. As one sex worker noted, "I worked for six months and saw that it's better to span (Spanning is the term commercial sex workers utilize to describe their occupation). I could send home money for my children to get something to eat. Just think what it is like if you have no place, no money, no husband."42 Most women originally entered the industry due to past turbulences in their lives, such as the death of parents or husbands, rural poverty, or abusive relationships. 43 They feel trapped by the occupation in which they find themselves, and agree, "this is a job that lowers our dignity. We discuss it often-that we should look for other jobs. But the truth is that there are no alternatives."44 The socioeconomic conditions that surround the commercial sex workers have essentially forced them into selling sex. Unfortunately, with HIV rates nearing seventy percent in the commercial sex worker community, little hope exists for the future of these women if their established behaviors continue.

While men may be inclined to look for extramarital partners because of loneliness and despair in their existence, their ability to do so is facilitated by cultural definitions of gender that deem multiple sex partners acceptable for the African male miners. As one miner

⁴²Jochelson, Mothibeli, and Leger, 167.

⁴³Campbell, "Selling Sex in the Time of AIDS," 482-83.

⁴⁴Ibid., 489.

commented, "There are two things to being a man: going underground, and going after women." A commercial sex worker reiterated this acceptance of multiple sex partners for the male miners when she lamented, "It is only a woman who is downgraded from sleeping around, not a man. Men will always retain their dignity, but women will lose dignity." The South African mining community condones the miners' interactions with the commercial sex workers as acceptable and normal.

Representations of manliness play a crucial part in condoning the pursuit of commercial sex workers by the miners. It has been traditionally accepted in African society that men engage in relations with multiple sex partners. In past times, the number of wives that an African man possessed indicated the man's status. Certain chiefs were known to possess as many as one hundred wives as a sign of their exceptional wealth and power. While the intervention of Christianity has reduced the frequency of polygamous marriages in South Africa, this cultural tradition has taken on other forms. The South African man now often takes a mistress or a girlfriend along with his primary wife. A man is expected to need more than one woman to satiate his desires, and is also expected to be able to afford more than one woman. The socio-economic conditions in which the African miner exists dictate that while he cannot afford a permanent girlfriend, he can pursue commercial sex workers as an alternate to the traditionally accepted mistress.

Connotations of gender in the mining community also promote the behaviors of the commercial sex worker, as she strives to find a man who will adopt her as his girlfriend or

⁴⁵Campbell, "Migrancy, Maculine Identities, and AIDS," 278.

⁴⁶Campbell, "Selling Sex in the Time of AIDS," 484.

⁴⁷Thompson, 23.

mistress. The men are wanted in part because of their status as a 'meal ticket' to the women. 48 The common belief held by the sex workers, as echoed by the miners, is that once a steady relationship can be established with a client, they can stop selling sex by living off the man's income. The women in the commercial sex industry describe their work as "spanning donkeys," or "spanning oxen." This metaphor expresses the belief that the women have in harnessing the men's desires to work for the women. African society, however, only condones this "spanning" when the African woman is maintaining her traditional role as pure and motherly, utilizing one man to provide for her existence. When, as in the case of commercial sex workers, the women actively seek many men, with whom long-term relationships are not the norm, to provide for their existence, society condemns their actions. As one commercial sex worker said, "In the mine areas, a single woman can only be respectable if she is known to have had a husband or boyfriend who died or left her. Those who have never had a man do not get any respect. The only way to be respected here is to have a man."⁵⁰ Cultural conceptions of the female gender dictate that a woman should live off of a man, facilitating the beliefs of the commercial sex workers that they will someday be adopted as man's girlfriend, and in turn be accepted by African society. The ironic situation exists where a commercial sex worker who actively engages in searching for men is labeled a "prostitute," but if she finds a man to settle with she is once again accepted by society. This is in contrast to the male miner, who can actively pursue sexual activity from commercial sex workers with no fear of retribution from the mining community. Thus the interesting

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⁴⁸Ibid., 486.

⁴⁹Jochelson, Mothibeli, and Leger, 167.

⁵⁰Campbell, "Selling Sex in the Time of AIDS," 486.

dichotomy exists in which the gold mining community condones a man who utilizes commercial sex workers, yet condemns a woman who engages in selling sex to support herself.⁵¹

Condom Usage in the Mining Community: A Resultant of Socio-economic Conditions and Cultural Values

If the use of multiple sex partners, in the form of commercial sex workers, is inevitable, why cannot miners simply utilize condoms in these sexual relationships? Sexual relations between the commercial sex workers and miners display extremely low rates of condom usage, even though HIV prevention programs incessantly push the use of condoms to reduce transmission of the disease. Miners have repeatedly demonstrated their knowledge of the fact that condoms can inhibit the spread of HIV, yet condom use is inadequate and inconsistent. For example, one survey found that eighty-five percent of the miners cited condoms as the best way of protecting one's self against HIV, yet less than one third of the group had ever utilized a condom. Without the protection of condoms, miners are extremely susceptible to the HIV virus.

Upon closer examination, the ramifications of socio-economic and cultural values also influence the use of condoms by the South African mining community. The dangerous working conditions in which the miners constantly find themselves have altered their perceptions of danger and illness, affecting their attitudes regarding disease and death. The

⁵¹Ibid., 484.

⁵²Ijsselmuiden and others, 520.

⁵³Macheke and Campbell, 149. The significance of this statistic is further emphasized when one considers that a miner only had to utilize a condom once in sexual relations to qualify for the thirty-three percent who had ever utilized a condom.

socio-economic condition of previously existing sexually transmitted diseases in the mining community has decreased the fear of STDs amongst African miners. Cultural definitions of masculinity and femininity have also influenced the utilization of condoms in the mining community. Societal conceptions of health and wellness also significantly impact the miners' behaviors.

The dangerous occupation in which miners partake fundamentally affects their attitudes concerning life, death, and AIDS. Statistics dictate that the average gold miner has a one in forty chance of being killed and a one in three chance of suffering reportable injury in a twenty-year mining career.⁵⁴ A South African miner succinctly stated, "Every time you go underground you have to wear a lamp on your head. Once you take on that lamp you know you are wearing death."⁵⁵ One miner's vivid description of a life spent working in the mines illustrates the immediate fear of death that they face in their existence:

The accidents are terrifying and horrible. Big rocks fall down, crushing people's waists and skulls. At times they lose their legs, hand, fingers and so forth. I have seen an accident in which my co-worker tried to pick something up and a big iron rod fell down and cut off his leg. In my hostel room there is someone who has lost his feet. 56

The miners partake in this occupation, and thus endure the prevailing socioeconomic conditions, out of not choice but rather necessity. According to one employee, "facing such

⁵⁴Brian Williams and Catherine Campbell, "Creating Alliances for Disease Management in Industrial Settings: A Case Study of HIV/AIDS in Workers in South African Gold Mines," *International Journal of Occupational and Environmental Health* 4, no. 4 (Oct.-Dec. 1998): 261.

⁵⁵Campbell, "Migrancy, Masculine Identities and AIDS," 276.

⁵⁶Macheke and Campbell, 151.

struggles is not a source of pride. It is because of frustration and poverty that men do this job."⁵⁷

The experiences of the miners harden them to both life and death, and shape the way miners view the world around them. The miners' constant exposure to random injury and death has affected their attitudes about the inevitability of their demise. As one miner stated, "No one prays or does such things- because when a rock is going to fall it just falls anytime and there is nothing that can be done about it." This, in turn, leads to a notion of fate in which little can be done to prevent the inevitable. No one can tell in their working environment which day will be their last, or who will be the next one crippled by a random act. Death has become a constant companion of the miners. The images of dead and injured people being brought out of the mines resonate with the miners, and haunt their thoughts and perceptions. ⁵⁹

These dangerous conditions in which the miners work, where every day they confront a random and daunting image of death and injury, serve to decrease the miners' expectancy of safety and therefore longevity. As one miner stated, "We cannot know, maybe we are also on the way, and we live in hope- and with the knowledge that it will happen to everyone sooner or later. We live for dying, no one lives forever. Every day people lose their arms and legs and we just live in hope." This feeling, which he optimistically describes as the enabling characteristic of "hope," is also what motivates the miners to seek short-term

⁵⁷Campbell, "Migrancy, Masculine Identites and AIDS," 277.

⁵⁸Ibid., 277.

⁵⁹Campbell and Williams, "Beyond the Biomedical and Behavioral," 1633.

⁶⁰Campbell, "Migrancy, Masculinity Identities and AIDS," 276.

pleasures over long-term safety. When a miner feels that every day may be his last, his incentive for preventing an intangible disease, which may not affect him for ten years, is greatly decreased. If a miner is solely motivated by immediate pleasure and has little concern for his longevity, little incentive exists for condom usage. In continuation of this theme, one miner stated:

The truth is that we are pushed by desire to have sex with a certain woman. We do not think about AIDS during that time but about it when we are finished. It is a matter of satisfying your body because of someone beautiful. Basically it is the body that has the desire.⁶¹

Another miner said, "The dangers and risks of the job we are doing are such that no one can afford to be motivated with life- so the only thing that motivates us is pleasure." This statement precisely defines one of the main deterrents to condom usage by the miners. Since death is viewed as random and inevitable, miners thus believe that life should be lived to the fullest extent while possible. These feelings of helplessness, danger, and a life motivated by pleasure all lead to a sexual experience that focuses on personal pleasure as opposed to safety. This attitude was demonstrated by the miner who said, "The truth is that I do not think of anything when I am having sex. It is only when I am finished- that is when I start to think about AIDS." In this manner, miners know of AIDS and its dangers, but the pursuit of pleasure in their drab and dangerous lives outshines a nebulous disease.

Miners' past experiences with other sexually transmitted may also impede behavioral changes regarding condom usage. The historical prevalence of STDs in the mining community has increased the miners' familiarity with sexually transmitted diseases, while the ability of western medicine to effectively treat venereal diseases has lowered the miners' fear

⁶¹Ibid., 276.

⁶²Campbell and Williams, "Beyond the Biomedical and Behavioral," 1633.

of STDs.⁶³ Venereal diseases were unknown to the African continent prior to colonization, but by the 1930s gonorrhea and syphilis were rampant in parts of South Africa.⁶⁴ These diseases became a part of African manhood and sexuality. The complex perception of disease and illness in the mining community traditionally attributes deadly diseases to a combination of witchcraft, evil will, and bad luck. However, the effectiveness of western mine doctors in dealing with STDs, often by administering penicillin pills, have removed many of the traditional stigmas related to venereal diseases and actually made STDs a matter of little importance to the miners. As one miner described the situation:

When we advise each other in the hostels we usually say that if you are with a woman on Mondays and you get 'the drop,' you should make sure that you see a doctor by Thursday to make sure that it is cured before seeing her again. After getting cured people simply go back to the sexual behavior they were doing before and get sick again and again. 65

With this prevalent lackadaisical attitude regarding the spread and contraction of venereal diseases in the mining community, convincing miners of the seriousness of the HIV virus, and thus the necessity of condom usage, has proved somewhat difficult. The fact that most miners who contract AIDS suffer through the later stages of the disease at home, in their own villages far from the mines, has allowed miners to avoid confronting the seriousness of the HIV virus, and thus handicapped efforts to increase condom usage.

Condom usage is further inhibited by the cultural belief that abstinence, or even sexual intercourse with a condom, is injurious to one's health. The miners attributed the build up of

⁶³Macheke and Campbell, 141.

⁶⁴Jochelson, Mothibeli, and Leger, 159.

⁶⁵Macheke and Campbell, 149.

sperm to "mental problems, such as mental confusion, violence, and bad temperedness." The frequency of the necessary sexual intercourse required to remain healthy varies, with some miners insisting it is necessary even once a day. ⁶⁷ In an environment where miners often do not have contact with their home villages and wives for over six months at a time, an alternative source of sexual intercourse must be found. Masturbation is not an accepted alternative to sexual intercourse, as evident from the miners' responses. As one miner related after being questioned why masturbation was not a suitable alternative, "It is important because with a woman there is something you feel. I do not know how to put it (laughs). But when you masturbate you just inhale all the air." The only remaining alternative is to utilize commercial sex workers.

The belief that this sex must be *nama nameng*, or flesh on flesh, bodes badly for the rates of condom usage in these 'necessary' sexual encounters. The importance of not wasting sperm, whether it is through masturbation or the use of a condom, has special significance to the population under examination.⁶⁹ One interesting interchange that occurred between an interviewer and a miner illustrated this belief:

Interviewer: Why do people risk their lives by not using condoms?

Miner: We do not think the same. Like I mentioned that others want flesh-to-flesh, others say they do not want to throw away their sperm.⁷⁰

⁶⁷Ibid., 149.

⁶⁶Ibid., 148.

⁶⁸Ibid., 149.

⁶⁹Ibid, 150.

⁷⁰Ibid., 150.

This behavior of insisting on flesh on flesh sex with the commercial sex workers further explains why some miners refuse to utilize condoms, and in turn may significantly increase the spread of the HIV virus throughout the mining community.

Commercial sex workers are also prone to reject condom use due to both socioeconomic conditions and cultural definitions of gender. The socio-economic condition of
poverty in which many of these women find themselves mired decreases their ability to refuse
customers who do not utilize condoms. The commercial sex workers are not in a position to
negotiate with the men, as a miner can simply choose another sex worker if the first
dissatisfies him with her requests. As one commercial sex worker related, "The decision to
use condoms comes from them, not from us. We don't have the power to enforce such
decisions."
Competition for money, which is necessary for the sex workers immediate
survival, will overcome their fears of a vague disease with seemingly distant effects.

The gender constraints of South African society also weigh heavily on the lives of the commercial sex workers. In traditional African society, the woman held a subordinate role to the man. This fact is historically reflected in the fact that only men could own cattle and grain, which gave them economic, and therefore social, power over women. The custom of the groom paying brideprice, or *lobola*, for the woman in African society also historically restricted the ability of the African woman to interject her will over that of the mans. This lack of empowerment creates the cultural context in which the commercial sex workers simply cannot propose that their clients utilize condoms. In choosing their partners, "there was an ironclad rule that men had the right to choose women for sex and that women had no

⁷¹Campbell, "Selling Sex in the Time of AIDS," 487.

⁷² Thompson, 23.

power to contest these choices."⁷³ The cultural definitions of womanhood dictate that it is not the place of the commercial sex worker to force her wishes of condom usage upon the South African miner.

Along with these gender issues comes the perception that condoms are a sign of promiscuity. Because of the way in which AIDS education programs have equated condoms with promiscuity and prostitution, if commercial sex workers utilize condoms, they believe they are admitting themselves to be prostitutes, a label which few would readily claim.

According to one miner, "If you suggest condoms to some of the women around the mines they reply: 'you don't believe that I am clean, you think that I have diseases, and that I am a prostitute."

The reluctance of the commercial sex worker to recognize her profession is also displayed in the following statement made by a commercial sex worker:

When we sit at the bar waiting for clients we pretend we are not selling. If a man approaches me too openly I act as if I am amazed, and insist that I am not selling. I ask him what makes him think this is the case; I might even pretend not to understand the words he is using.⁷⁵

In a situation where many commercial sex workers refuse to admit their status to themselves, the use of a condom, and the assumptions regarding its use and 'promiscuous behavior' in the mining community, may only trigger further personal insecurities for the commercial sex workers. The undesirable situation exists in the mining community where both the miner and the commercial sex worker possess attitudes, which are a resultant of socio-economic conditions and cultural values, that adversely affect the rates of condom usage in the mining community.

⁷³Campbell, "Selling Sex in the Time of AIDS," 485.

⁷⁴Macheke and Campbell, 148.

⁷⁵Campbell, "Selling Sex in the Time of AIDS," 489.

The Symbiotic Relationship: Diagnosis and Prescription for the South African Mining Industry

The combination of these socio-economic conditions, ranging from hostel living, poverty, and migration, with existing cultural beliefs, such as the need for flesh on flesh sex and the acceptance of multiple sex partners, mutually reinforce each other. The significance of either the conditions or the beliefs is magnified by the inclusion of the other factor. The socio-economic conditions of the migratory labor force, whose living conditions lead to loneliness and isolation, combine with the beliefs of African that multiple sex partners are acceptable, and even enviable. The cultural acceptance of multiple sex partners for male miners combines with the socio-economic necessitated existence of the commercial sex workers to further acerbate this situation. The socio-economic conditions encountered by the sex-workers, including poverty and reliance upon men for their livelihood, promote the industry of selling sex in the mining communities. Conceptions of illness and cultural definitions of gender combine with the miners' hazardous working conditions, and their resultant attitudes about danger and death, to decrease rates of condom usage. Socioeconomic conditions thus fuse with the existing cultural values of the mining community to form a fatal formula for the transmission of the HIV virus.

An interesting analogy exists between the symbiotic relationship of socio-economic conditions and beliefs and the policy programs that would most benefit the situation. Just as the conditions and beliefs are inexorably woven together, and without addressing one facet of the web other explanations are incomplete, so must dual approached be taken to stopping the HIV epidemic. Both the miners and the mining industry must take action. The miners must alter certain existing cultural beliefs, while the mining industry must make amends in the

working and living conditions of the industry to the largest extent possible. A prevention program that targets both of these groups, and in turn the symbiotic relationship between socio-economic conditions and beliefs in the mining industry will ultimately prove the most successful.

By identifying the existing symbiotic relationship between socio-economic conditions and cultural beliefs as one of the determinants in the spread of the HIV virus throughout the South African gold mining industry, one can understand how an HIV/AIDS prevention program which does not address these issues would fall well short of its established goals, as has currently been experienced in the South African mining communities. Traditional prevention programs, whose value lies simply in the information disseminated to the miners, simply do not address the pressing socio-economic and cultural factors that must be reconciled to actually change the suspect behaviors of the miners. Mere information and AIDS education is simply not enough to stop the spread of the HIV virus in the mining community. Even the promotion of condoms has proved essentially futile in encouraging miners to utilize these proven methods to protect themselves from the HIV virus. Instead of attempting to use the same methods of prevention which were successful in combating HIV/AIDS in western cultures, African prevention programs should specifically address the pressing socio-economic and cultural values which currently thwart the modification of miners' behaviors to those recommended by current AIDS prevent programs.

Issues regarding African manliness and the use of condoms, including both health and masculinity issues, must be actively addressed. Additionally, something must be done to stabilize the mineworkers' existence. This avenue of attack may prove the most plausible. Changing the socio-economic conditions in which the miners reside may have more

immediate effects than attempting to change ingrained cultural values. While the movement of all the workers' families may be completely economically unfeasible, the mine management should act to make the miners feel more worth, and also attempt to decrease the miners' perceptions of helplessness in their lives. Possible solutions to this problem might include increasing safety, and the miners' perception of their safety, in the mines. Simple steps should be taken to lower fatality and injury rates in the South African mines.

Additionally, the mining conglomerates should implement recreational activities, besides drinking or engaging in contact with the commercial sex workers, for the miner to participate in. Something as simple as organized sports leagues may have a profound effect on the behaviors of African miners. By increasing the quality of life of the miners through these types of steps, the miners' concern for their health and continued existence should increase, lending hope to their lives. Only with this renewed hope for their future existence will condom usage in the African mining industry increase.

The pandemic HIV virus infects the South African mining industry due to the miners' engagement of commercial sex workers without proper protection. These behaviors, and the reluctance of the miners to change these behaviors, are due to the symbiotic relationship that exists between socio-economic conditions and cultural beliefs in the mining industry. These beliefs and the conditions form a deadly cycle, one that propagates the continuation of these dangerous behaviors in the industry. In order to break this cycle of behavior, and in turn stop the spread of the HIV virus in the mining industry, changes must be made both in the socio-economic conditions encountered by the miners and in the fundamental attitudes and beliefs held by the miners. While great change to either one of these factors may be enough to slow the epidemic, only by properly concentrating on both factors can the disease truly be stopped.

SELECTED BIBLIOGRAPHY

- AIDS Epidemic Update- December 1998: UNAIDS/WHO. 1998. Online. United Nations AIDS. Available: http://www.unaids.org. 23 February 2000.
- Campbell, Catherine. "Migrancy, Masculine Identities and AIDS: The Pyschosocial Context of HIV Transmission on the South African Gold Mines." *Social Science and Medicine* 45, no. 2 (July 1997): 273-81.
- _____. "Selling Sex in the Time of AIDS: The Psycho-social Context of Condom Use by Sex Workers on a Southern African Mine." *Social Science and Medicine* 50, no. 4 (Feb 2000): 479-94.
- Campbell, Catherine and Brian Williams. "Beyond the Biomedical and Behavioural: Towards an Integrated Approach to HIV Prevention in the Southern African Mining Industry." *Social Science and Medicine* 48 (1999): 1625-39.
- Coleman, RL and D. Wilkinson. "Increasing HIV Prevalence in a Rural District of South Africa: 1992-1995." Republic of South Africa. Department of Health. Online. Available: http://www.mrc.ac.za/hlabisa/anchiv.htm. 20 March 2000.
- Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases: UNAIDS/WHO. June 1998. Online. United Nations AIDS. Available: http://www.unaids.org. 23 February 2000.
- Ezzell, Carol. "Care for a Dying Continent." Scientific American (May 2000): 96-105.
- Hunt, C.W. "Migrant Labor and Sexually-Transmitted Disease." *Journal of Health and Social Behavior* 30, no. 4 (December 1989): 353-73.
- Ijsselmuiden, C.B., G.N. Padayachee, W. Mashaba, O. Martiny, and H.P. Van Staden. "Knowledge, Beliefs and Practices Among Black Goldminers Relating to the Transmission of Human Immundodeficiency Virus and other Sexually Transmitted Diseases." *South African Medical Journal* 78, no. 9 (November 3 1990): 520-23.
- Jochelson, Karen, Monyaola Mothibeli, and Jean-Patrick Leger. "Human Immunodeficieny Virus And Migrant Labor in South Africa." *International Journal of Health Services* 21, no.1 (1991): 157-73.
- Joint United Nations Programme on HIV/AIDS, *Epidemic Update*, *June 2000* [database online]; obtained from www.unaids.org

- Lurie, Roets, C. Mini and ML Field. "Health Seeking-Behaviors for Sexually Transmitted Disease and the Social Context of Commercial Sex in a Gold Mining Community: A Case Study of Welkom, South Africa." *International Conference on AIDS 1996, July 7-12;* 11(2):368. Online. National Library of Medicine. AIDSLINE. Abstract No. Th.C.4745, 30 March 2000.
- Macheke, Cecil, and Catherine Campbell. "Perceptions of HIV/AIDS on a Johannesburg Gold Mine." *South African Journal of Psychology* 28, no. 3 (September 1998): 146-53.
- Meekers, D. "Going Underground and Going After Women: Trends in Sexual Risk Behavior Among Gold Miners in South Africa." *International Journal of STD/AIDS*, no. 1 (January 2000); 21-26.
- Moema, S. "An Intervention Trial in South Africa's Gold Mining Industry." *International Conference on AIDS 1998*; 12:695. Online. National Library of Medicine. AIDSLINE. Abstract No. 33536, 30 March 2000.
- Moodie, T. Dunbar. *Going for Gold: Men, Mines, and Migrancy*. Berkeley: University of California Press, 1994.
- Republic of South Africa. Department of Health. Summary of Report of the Ninth National HIV Survey of Women Attending Antenatal Clinics. October/November 1998.
- Sadie, Y., M. van Aardt, and A. von Below. *AIDS in Africa and its Impact on the South African Mining Industry*. Michigan: Western Michigan University Press, 1993.
- South African Census of 1996. N.d. Online. Government of South Africa. Available: http://www.statssa.gov.za/census96. 13 March 2000.
- Stahl, C.W. Southern African Migrant Labour Supplies in the Past, the Present and the Future, with Special Reference to the Gold Mining Industry. Newcastle: International Labour Organization, 1979.
- Thompson, Leonard. A History of South Africa. New York: Vail-Ballou, 1995.
- Williams, Brian and Catherine Campbell. "Creating Alliances for Disease Management in Industrial Settings: A Case Study of HIV/AIDS in Workers in South African Gold Mines." *International Journal of Occupational and Environmental Health* 4, no. 4 (Oct-Dec 1998): 257-64.
- _____. "Mines, Migrancy and HIV in South Africa- Managing the Epidemic." South African Medical Journal 86 (Oct. 1996): 1249-51.
- Wilson, Francis. Labour in the South African Gold Mines 1911-1969. Cambridge:

Univeristy Press, 1972.